

NOTIFICATION LETTER FOR FREE MILK

Dear _____:

Your application for free milk for your child(ren) has been:

☐ Approved for free milk

Denied for the following reasons:

☐ Income over the allowable amount☐ *SNAP/CA/FDPIR case # invalid☐ Incomplete application. The following information is missing: _____☐ Other: _____

If you do not agree with the decision, you may discuss it with the school official, and you have the right to a fair hearing. This can be done by contacting the following official:

_____	_____	_____
Name	Address	Phone

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in household size, you may fill out another application at that time.

This notification letter may qualify your child for other benefits such as educational scholarships, fee waivers and specific educational programs. Take this letter to the district office (or other agency office) for more information on these benefits.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800)795-3272 or (202)720-6382 (voice and TDD). USDA is an equal opportunity provider and employer.

Sincerely,

_____	_____	_____
Name	Title	Date

*SNAP: Supplemental Nutrition Assistance Program (formerly Food Stamps)